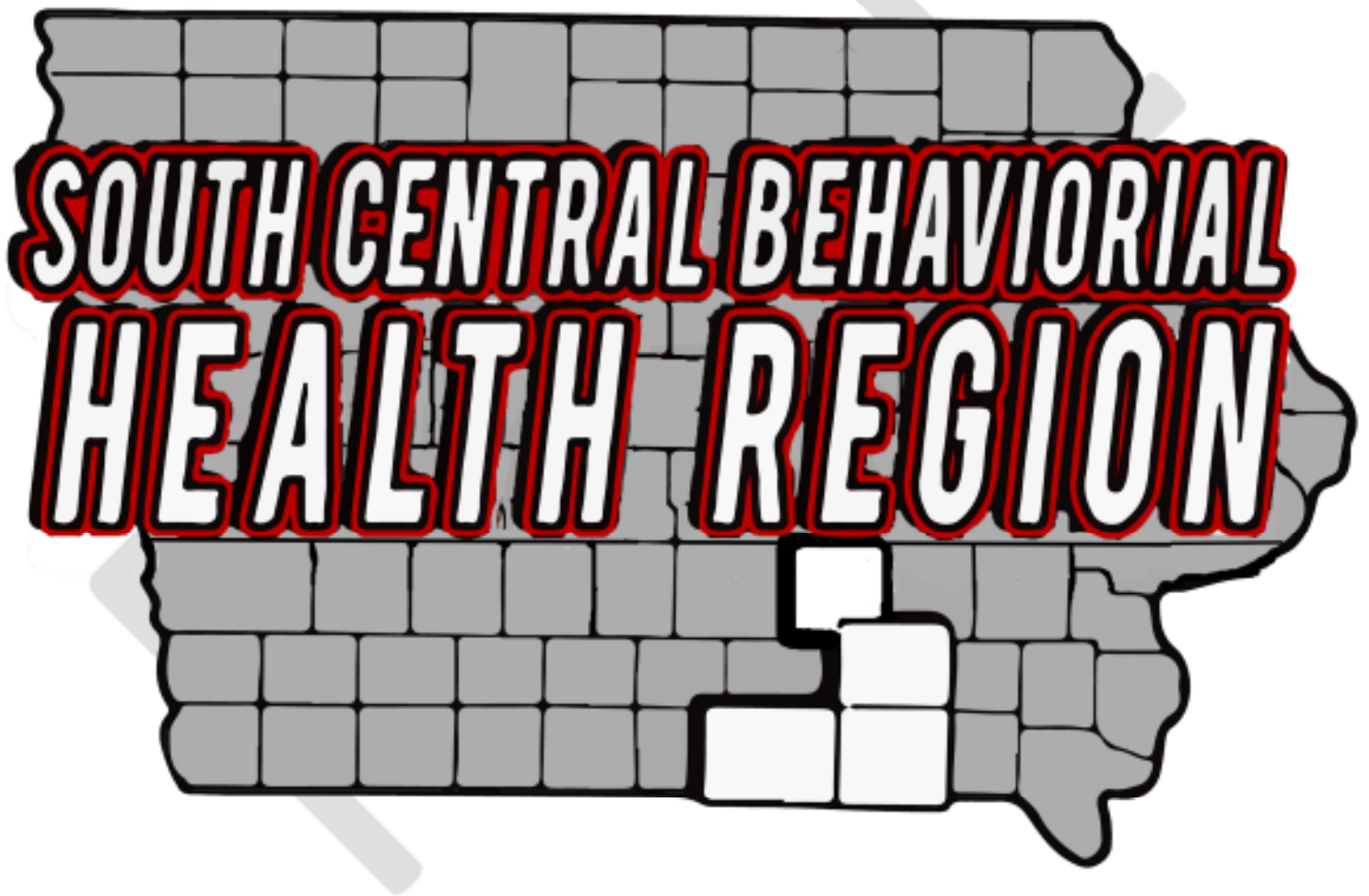


South Central Behavioral Health Region
FY 2018 Annual Report



Geographic Area: Appanoose, Davis, Mahaska and Wapello Counties

Approved by South Central Behavioral Health Governing Board: 11/29/2018

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Introduction

South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the SCBHR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The 28E was approved by the Department of Human Services (DHS) on March 24th, 2014. The SCBHR Transition Plan was approved by DHS on June 30, 2014. SCBHR commenced business as a region on July 1st, 2014. The Annual Service and Budget Plan was approved by DHS on July 31st, 2014 and May 13th, 2016. On September 25th, 2014 the revised SCBHR Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 21st, 2014 and then amended and approved on September 22, 2016 adding Mahaska County, written correspondence from Mr. Rick Shults, Administrator-Division of Mental Health and Disability Services.

In the following pages this document will demonstrate how SCBHR has unified as a region, standardized business practices across all 4 counties, maintained local access and presence for each of our counties, made effort to become an outcome oriented system of care across all funding sources, and developed needed efforts that have been made to continue to grow service options for individuals and how the region has engaged community partners in the planning and implementation of this developing system under the guidance of the SCBHR Advisory Committee.

The SCBHR FY18 Governing Board Members:

Ron Bride-Davis County, Chair

Linda Demry-Appanoose County-Vice Chair

Jerry Parker-Wapello County

Mark Doland-Mahaska County

SCBHR Management Plans are available on the SCBHR Website www.scbhr.org and DHS websites.
<http://dhs.iowa.gov>.

Services provided in Fiscal Year 2018:

• Core Service/Access Standards: Iowa Administrative Code 441-25.3

The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<ul style="list-style-type: none"> • How measured • If not what is plan to meet access standard and how will it be measured
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	Yes Southern Iowa Mental Health Center, Community Health Centers of Southern Iowa, Mahaska Health Partnership, River Hills Community Health Center	Measured by physical presence of these agencies/organizations within region geographic boundaries
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	Yes Ottumwa Regional Hospital (General)	Center for Psychiatric Care: Adults 18 years of age and older from the 15-county catchment area in southeast Iowa. Measured by physical presence of these agencies/organizations within region geographic boundaries
Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	Timeliness: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	Yes The Community Mental Health Centers listed above follow access standards in Iowa Code Chapter 230A, These centers provide outpatient, medication prescribing and management	Measured by agency utilization of emergency outpatient appointments. SCBHR subcontracts with LISW's on call for after hours and weekends to provide assessments and evaluations.

along with Assessment and Evaluations.

25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	Yes The Community Mental Health Centers listed above are required by Iowa Code Chapter 230A and provide urgent outpatient services.	Measured by utilization of same day urgent outpatient appointments.
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	Yes Provider Network: Southern Iowa Mental Health Centers, River Hills Community Health Center, Community Health Centers of Southern IA, Life Solutions (Optimae) Paula Gordy, Psychological Services of Ottumwa, Mahaska Health Partnership and First Resources	Measured by application request for service in conjunction with claims information of service as well as utilization of outpatient appointments and direct contact with individual making request.
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Yes	Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience.

Inpatient: (Mental Health Inpatient Therapy)

25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	Yes Allen Hospital, Broadlawns, Buena Vista Regional Medical Center (Geriatric), Cass County memorial, Covenant Medical Center, Genesis Medical Center, Great River Medical Center, Iowa Lutheran Hospital, Mary Greeley Medical Center, MHI, Mercy –Iowa City, Mercy–Clinton, Mercy–Des Moines, Mercy–Dubuque, Mercy–North Iowa, Mercy Sioux,	Individuals are able to access local emergency rooms but sometimes refused admittance by inpatient units. SCBHR has on call LISW's available to Appanoose and Davis County local Emergency Rooms, to access psychiatry within a few hours. Ottumwa Regional Health Center has access to tele-psychiatry within their own providers. Appanoose County has tele-psychiatric services and Davis County has tele-medicine
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Ottumwa Regional Health Center (General) Satori, Spencer Municipal Hospital, St. Anthony Regional Hospital, St. Luke's–Cedar Rapids , St. Luke's–Sioux city, University of Iowa Hospitals and Clinics

25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	Yes	Physical locations of contracted providers covers access standard for the regions geography.
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	Yes See Routine Outpatient above	Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals. Measured by admission/discharge dates, requests for care coordination, social history information, discharge planning documents, etc.

Basic Crisis Response: (24–Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)

25.3(2) & 25.3(4)a	Timeliness: Twenty–four–hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	Yes Community Mental Health Centers and Ottumwa Regional Health Center Mercy Hospital, Davis Co. Hospital Mahaska Health Partnership Foundation II Hotline	Providers Self–report CMHCs and Foundation II either provide or contract with a provider for afterhours crisis line with CMHCs therapist providing on call SCBHR sub–contracts with 5 LISW's for afterhours and weekends for on–call for Appanoose and Davis County local E.R and Jails.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes Community Mental Health Centers and Ottumwa Regional Health Center	Ottumwa Regional Health Center has access to tele–psychiatry within their own providers. SCBHR sub–contracts with 5 LISW's for afterhours and weekends for on–call for Appanoose and Davis County local E.R and Jails.

Mercy Hospital, Davis Co.
Hospital

Ottumwa Regional Health Center E.R. has
access to tele-psychiatry within their own
providers.

Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)

25.3(5)	<p>Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.</p>	<p>Yes</p> <p>Home Health Aide, Home and Vehicle Modification, Respite, and Supported Community Living</p> <p>Providers Network; American Gothic Home Health Care, Comfort Keepers, Christian Opportunities, Crest Services, Frist Resources Corporation, Hammer, Home link ,Imagine the Possibilities, Independent Living of Southern Iowa, Insight Partnership Group, Iowa Home Care, New Focus Optima, Tenco</p>	<p>Measured by analysis of application/authorization in conjunction with claims information</p> <p>All requests for these services (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living) have been met within the four weeks' timeframe and the service is available however, individuals with complex need or interfering behaviors continue to be a challenge for our community providers.</p> <p>SCBHR contracts with First Resources to offer transitional housing for up to 3 months until permanent house is able to be established. While in transitional housing the region will fund Habilitation services to help support the client while resources are secured and the client increases independence.</p> <p>SCBHR provides gap funding for services while on the ID or BI waiting list or waiting for the IHH to open up the individual.</p> <p>SCBHR contracts with Centerville Community Betterment to provide Immediate SCL services that allows for the transitioning in the community out of Oakplace and immediate SCL services.</p>
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Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)

25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes Day Habilitation, Job development, Supported Employment, Prevocational Services: First Resources, Optimae, New Focus, Tenco, Van Borean Job Opportunities, Christian Opportunities,	Measured by analysis of application/authorization in conjunction with claims information Per report from TCM and Care Coordinators, all requests for these services (Day Habilitation, Job Development, Supported Employment, and Prevocational Services) have been met with the 60 day time frame. SCBHR is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees in Employment First concepts and practices. SCBHR has a Employment First Committee that meets regularly on a monthly basis to build collaboration between providers and funders. Please see narrative for more information.
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Recovery Services: (Family Support, Peer Support)

25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes Southern Iowa Mental Health Center, Community Mental Health Centers of Southern Iowa., Optimae	The required Peer and Family support training is beginning to become widely available. The SCBHR has encouraged participants to attend trainings at the expense to the region. SCBHR currently has NAMI trained peer support in all three counties.
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Service Coordination: (Case Management, Health Homes)

25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	Yes South East Iowa Case Management, Southern Iowa Community Mental Health Centers, Community Mental Health Centers of Southern Iowa, South Central Behavioral Health Region, River Hills Community Health Center, Capstone	Not all individuals are served through case management or IHH. SCBHR employs Service Coordinators in each county to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management.
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25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	Yes Southern Iowa Mental Health Center, Community Mental Health Center of Southern Iowa (IHH's) South Central Behavioral Health Region	Measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for region file. SCBHR meets the required timeframe of 10 days of the initial request upon referral. No, SCBHR does not manage the IHH enrollment.
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Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none">• Yes/No• By which providers	<ul style="list-style-type: none">• Is it in a planning stage? If so describe.
<u>Comprehensive Facility and Community-Based Crisis Services:</u> 331.397~ 6.a.		
24-Hour Crisis Hotline	Yes Foundation 2	SCBHR contract with Foundation 2 to the 24-Hour Crisis Line.
Warm Line	Yes Abbey Center	SCBHR contracts with Abbey Center for a Warm Line
Mobile Response	No	SCBHR has engaged in very preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. SCBHR would identify this as a goal for FY 2019.
23-Hour crisis observation & holding	Yes Southern Iowa Mental Health	SCBHR contract with SIMHC starting date of 5/1/2018 to current for 6-23 Hour Crisis Observation Beds
Crisis Stabilization Community Based Services	No	No
Crisis Stabilization Residential Services	Yes Centerville Community Betterment Southern Iowa Mental Health Hope Wellness	SCBHR has contracted for one five bed Crisis Stabilization Residential Program. It opened in April of 2014. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. SCHBR contracted with Hope Wellness starting 10/1/2018 for Crisis Beds after contract with Centerville Community Betterment ended on 10/1/2018. In May of 2018 SIMHC opened 4 Crisis Beds. Protocols for care coordination have been

made uniform in conjunction with CDS/IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SCBH Region.

Transitional Apartments

First Resources

First Resources–Transitional Apartments. SCBHR award First Resource in FY 17 the RFP to provide five apartments in Mahaska and five apartments in Wapello.

Crisis Residential Services: 331.397~ 6.b.

Subacute Services 1–5 beds

No

Subacute Services 6+ beds

No

Justice System–Involved Services: 331.397~ 6.c.

Jail Diversion

Yes

July 1, 2014 SCBHR developed Jail Diversion in all four counties. The model currently used is the Sequential Intercept Model. Each of the four jail systems in our region have an active partnership between the Sheriff/Jail Administration department and the SCBHR Coordinators of Disability Services. The primary focus and efforts thus far has been on Intercept 4 (Reentry). Measurable objectives include provision of resources and supports required to aid in their treatment and recovery. Program involvement, links to community based services, and justice involved recidivism are all being compiled by the CDS office.

Crisis Prevention Training

Yes

SCBHR trained trainers/trained employees within the provider network participants. Steps are being taken to expand the numbers of individuals trained in Crisis Prevention specifically the Non–Violent Physical Crisis Intervention and Mandt Models.

Civil Commitment Prescreening

Yes

Yes, FY 17 five LISW's sub–contracted with SCBHR to assist in prescreening for Civil Commitments after hours and weekends. Wapello County acts a resource coordinator to prescreening for civil commitments with a contract with Southern Iowa Mental Health Center to complete an assessment and evaluation. ORHC has access to LISW's through the provider network to help in assisting with civil commitment prescreening at the local E.R.

Other

SCBHR contracts with Southern Iowa Mental Health Center and Community Health Center of Southern Iowa

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category
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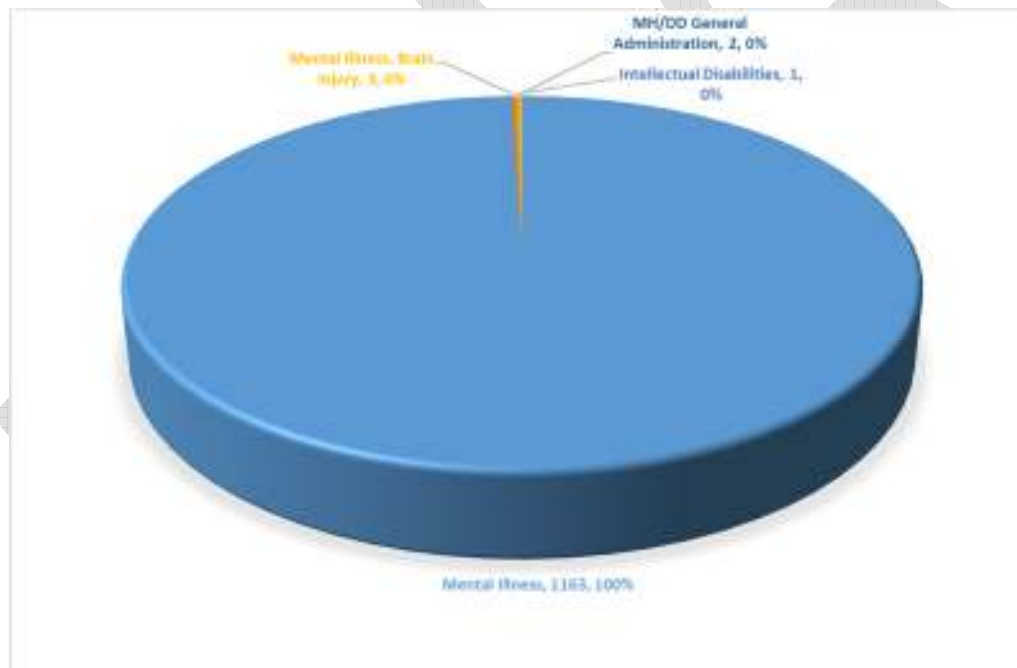
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	Core Subtotals:	248	2					6				256
Mandated												
74XXX	Commitment Related (except 301)	239	3									242
46319	Iowa Medical and Classification Center (Oakdale)	2										2
75XXX	Mental health advocate	199	3									202
	Mandated Subtotals:	440	6									446
Core Plus												
	Comprehensive Facility and Community Based Treatment											
44302	23 Hour Observation and Holding	26	2									28
44313	Crisis Stabilization Residential Service (CSRS)	26	2									28
	Sub-Acute Services											
	Justice System Involved Services											
25XXX	Coordination services	83										83
46305	Mental Health Services in Jails	383	3									386
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	147	1									148
	Core Plus Subtotals:	665	8									673
Other Informational Services												
Community Living Support Services												
	Support for Community Living											
	Service Coordination											
33345	Basic Needs - Ongoing Rent Subsidy	71	2									73
33399	Basic Needs - Other	16	1									17
32335	Consumer-Directed Attendant Care											
41305	Physiological Treatment - Outpatient	3										3
41306	Physiological Treatment - Prescription Medicine/Vaccines	392	3									395
42310	Psychotherapeutic Treatment - Transitional Living Program	29										29
22XXX	Services management	570	4									574
32399	Support Services - Other	39										39
31XXX	Transportation	31										31
32326	Support Services- Guardian/Conservator			1								1
	Community Living Support Services Subtotals:	1151	10	1								1162
Congregate Services												
64329	Comm Based Settings (6+)- SCL	1										1
64XXX	RCF-6 and over beds	19										19
	Congregate Services Subtotals:	20										20
Administration												
Uncategorized												
13951	Distribution to MHDS Regional Fiscal Agent - Contributions to Other Governments and Organizations									2		2

	Uncategorized Subtotals:									2		2
Regional Totals:		2524	26	1				6		3		2560

Unduplicated Count of Adults and Children by Diagnosis

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	13	1167	1180	40
Mental Illness, Intellectual Disabilities				40, 42
Mental Illness, Other Developmental Disabilities				40, 43
Mental Illness, Brain Injury	0	3	3	40, 47
Intellectual Disabilities	0	1	1	42
Other Developmental Disabilities				43
MH/DD General Administration	0	2	2	44
Total	13	1178	1191	



Moneys Expended –

FY 2018 Accrual	XXX MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy	\$6,732.81					\$6,732.81

42306	Medication prescribing & management						\$0.00
43301	Assessment & evaluation	\$7,707.28					\$7,707.28
71319	Mental health inpatient therapy-MHI	\$178,846.67					\$178,846.67
73319	Mental health inpatient therapy	\$11,014.00					\$11,014.00
	Basic Crisis Response						
32322	Personal emergency response system						\$0.00
44301	Crisis evaluation	\$69,558.34			\$3,800		\$73,358.34
44305	24 hour access to crisis response	\$2,100.00					\$2,100.00
	Support for Community Living						
32320	Home health aide						\$0.00
32325	Respite						\$0.00
32328	Home & vehicle modifications						\$0.00
32329	Supported community living	\$421,450.68					\$421,450.68
	Support for Employment						
50362	Prevocational services	\$15,492.78					\$15,492.78
50364	Job development	\$3,097.91					\$3,097.91
50367	Day habilitation	\$416.00					\$416.00
50368	Supported employment	\$3,715.31					\$3,715.31
50369	Group Supported employment-enclave						\$0.00
	Recovery Services						
45323	Family support	\$2,323.44					\$2,323.44
45366	Peer support						\$0.00
	Service Coordination						
21375	Case management						\$0.00
24376	Health homes						\$0.00
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$15,626.00					\$15,626.00
32396	Supported housing	\$120,000.37					\$120,000.37

42398	Assertive community treatment (ACT)						\$0.00
45373	Family psychoeducation	\$494.52					\$494.52
	Core Domains Total	\$858,576.11	\$0.00	\$-	\$3,800		\$862,376.11
Mandated Services							
46319	Oakdale	\$3,600.00					\$3,600.00
72319	State resource centers						\$0.00
74XXX	Commitment related (except 301)	\$92,158.02					\$92,158.02
75XXX	Mental health advocate	\$70,900.38					\$70,900.38
	Mandated Services Total	\$166,658.40	\$0.00	\$-	\$-		\$166,658.40
Additional Core Domains							
	Comprehensive Facility & Community Based Crisis Services						
44302	23 hour crisis observation & holding	\$14,873.04					\$14,873.04
44307	Mobile response						\$0.00
44312	Crisis Stabilization community-based services						\$0.00
44313	Crisis Stabilization residential services	\$504,043.06					\$504,043.06
44346	24 hour crisis line	\$44,160.00					\$44,160.00
44366	Warm line	\$7,653.65					\$7,653.65
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$0.00
64309	Subacute services-6 and over beds						\$0.00
	Justice system-involved services						
25xxx	Coordination services	\$20,607.87					\$20,607.87
46305	Mental health services in jails	\$236,065.45					\$236,065.45
46399	Justice system-involved services-other						\$0.00
46422	Crisis prevention training	\$12,716.98					\$12,716.98
46425	Mental health court related costs						\$0.00
74301	Civil commitment prescreening evaluation						\$0.00

	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$72,124.46					\$72,124.46
42397	Psychiatric rehabilitation (IPR)						\$0.00
	Additional Core Domains Total	\$912,244.51	\$0.00	\$-	\$-		\$912,244.51
Other Informational Services							
03371	Information & referral						\$0.00
04372	Planning and/or Consultation (client related)	\$137,430.00					\$137,430.00
04377	Provider Incentive Payment						\$0.00
04399	Consultation Other						\$0.00
04429	Planning and Management Consultants (non-client related)	\$83,200.00					\$83,200.00
05373	Public education	\$47,200.00					\$47,200.00
	Other Informational Services Total	\$267,830.00	\$0.00	\$-	\$-		\$267,830.00
Other Community Living Support Services							
06399	Academic services						\$0.00
22XXX	Services management	\$192,794.40					\$192,794.40
23376	Crisis care coordination						\$0.00
23399	Crisis care coordination other						\$0.00
24399	Health home other						\$0.00
31XXX	Transportation	\$15,310.56		-92.03			\$15,218.53
32321	Chore services						\$0.00
32326	Guardian/conservator		\$288.00				\$288.00
32327	Representative payee						\$0.00
32335	CDAC						\$0.00
32399	Other support	\$31,469.31					\$31,469.31
33330	Mobile meals						\$0.00
33340	Rent payments (time limited)						\$0.00
33345	Ongoing rent subsidy	\$25,335.07					\$25,335.07

33399	Other basic needs	\$1,701.23					\$1,701.23
41305	Physiological outpatient treatment	\$155.00					\$155.00
41306	Prescription meds	\$74,175.17					\$74,175.17
41307	In-home nursing						\$0.00
41308	Health supplies						\$0.00
41399	Other physiological treatment						\$0.00
42309	Partial hospitalization						\$0.00
42310	Transitional living program	\$77,572.20					\$77,572.20
42363	Day treatment						\$0.00
42396	Community support programs						\$0.00
42399	Other psychotherapeutic treatment						\$0.00
43399	Other non-crisis evaluation						\$0.00
44304	Emergency care	\$43,520.00					\$43,520.00
44399	Other crisis services						\$0.00
45399	Other family & peer support						\$0.00
50361	Vocational skills training						\$0.00
50365	Supported education						\$0.00
50399	Other vocational & day services						\$0.00
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$0.00
63XXX	ICF 1-5 beds (63317 & 63318)						\$0.00
63329	SCL 1-5 beds						\$0.00
63399	Other 1-5 beds						\$0.00
	Other Comm Living Support Services Total	\$462,032.94	\$288.00	\$ (92)	\$ -		\$462,228.91
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$0.00
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$180,789.21					\$180,789.21
64XXX	ICF 6 and over beds (64317 & 64318)						\$0.00
64329	SCL 6 and over beds	\$16,695.00					\$16,695.00
64399	Other 6 and over beds						\$0.00

	Other Congregate Services Total	\$197,48 4.21	\$0. 00	\$ -	\$ -		\$197,484.21
Administration							
11XXX	Direct Administration					\$445, 712.0 2	\$445,712.02
12XXX	Purchased Administration					\$492. 25	\$492.25
	Administration Total					\$446, 204.2 7	\$446,204.27
	Regional Totals	\$2,864,8 26.17	\$28 8.0 0	\$ (92)	\$ 3,800	\$446, 204.2 7	\$3,315,026.41

(45XX-XXX)County Provided Case Management							\$0.00
(46XX-XXX)County Provided Services							\$0.00

	Regional Grand Total						\$3,315,026.41
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Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$2,142,558.45
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$0.00

FY 2018 Accrual	SCBHR MHDS Region Revenue		
Revenues			
	FY17 Annual Report Ending Fund Balance		6,162,052
	Adjustments to 6/30/17 Fund Balance		
	Audited Beginning Fund Balance as of 6/30/17		\$ 6,148,980
	Local/Regional Funds		\$ 2,709,747
10XX	Property Tax Levied	2,526,072	
12XX	Other County Taxes	2770	
16XX	Utility Tax Replacement Excise Taxes	155301	
25XX	Other Governmental Revenues		
4XXX- 5XXX	Charges for Services	786	
5310	Client Fees		

60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous	24818	
92XX	Proceeds /Gen Fixed assests sales		
	State Funds		\$ 275,230.00
21XX	State Tax Credits	215666	
22XX	Other State Replacement Credits	55224	
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
29XX	Payment in Lieu of taxes	4340	
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		\$ 2,984,977.00

Total Funds Available for FY18	\$ 9,133,957.00
FY18 Accrual Regional Expenditures	\$ 3,315,026.41
Accrual Fund Balance as of 6/30/18	\$ 5,818,930.59

County Levies

County	2016 Est. Pop.	Regional Per Capita Target	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Appanoose	12,529	47.28	592,371	438,515	35.00
Davis	8,860	47.28	418,901	306,915	35.00
Mahaska	22,324	47.28	1,055,479	781,340	35.00
Wapello	35,173	47.28	1,662,979	1,231,055	35.00
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J			0		#DIV/0!
Region	78,886		3,729,730	2,757,825	34.96

OUTCOMES-

- ***Service Progress by and availability of Core, Additional Core, Evidence Based Treatment, and Other Informational Services***
- ***Regional Program Outcomes***
- ***Other Community Living Support Services***
- ***Statewide Outcomes***

Service Progress and Availability of Core, Additional Core, Evidence Based Treatment and Other Informational Services

Core Services

Treatment

Assessment & Evaluation and Outpatient Services: This service is provided by the designated Community Mental Health Centers (CMHCs) and providers and is available in each county in the region.

SCBHR funds persons at MHI and other private/public hospitals if the patient meets the SCBHR management plan eligibility and income guidelines.

Basic Crisis Response

Personal Emergency Response System: Service options are available in SCHBR.

Crisis Evaluation: For FY18 SCBHR added funding for crisis therapy appointments with Community Mental Health Centers and providers. A select number of crisis therapy slots are held available by the CMHC or provider to allow for quicker access. SCBHR funds an access fee and guarantees payment for crisis therapy appointments that are not filled and/or not billable through third party payers. SCBHR continues to fund crisis psychiatric evaluations with CMHCs and providers. Crisis psychiatric appointments operate in the same manner as crisis therapy appointments

24 Hour Access to Crisis Response Services: The CMHCs have trained health professionals available by phone 24 hours per day, as well as walk-ins during business hours. SCBHR has on-call LISW's in Appanoose County 24 hours a day seven days a week.

Support for Community Living

Home Health Aid: Service options are available in SCBHR.

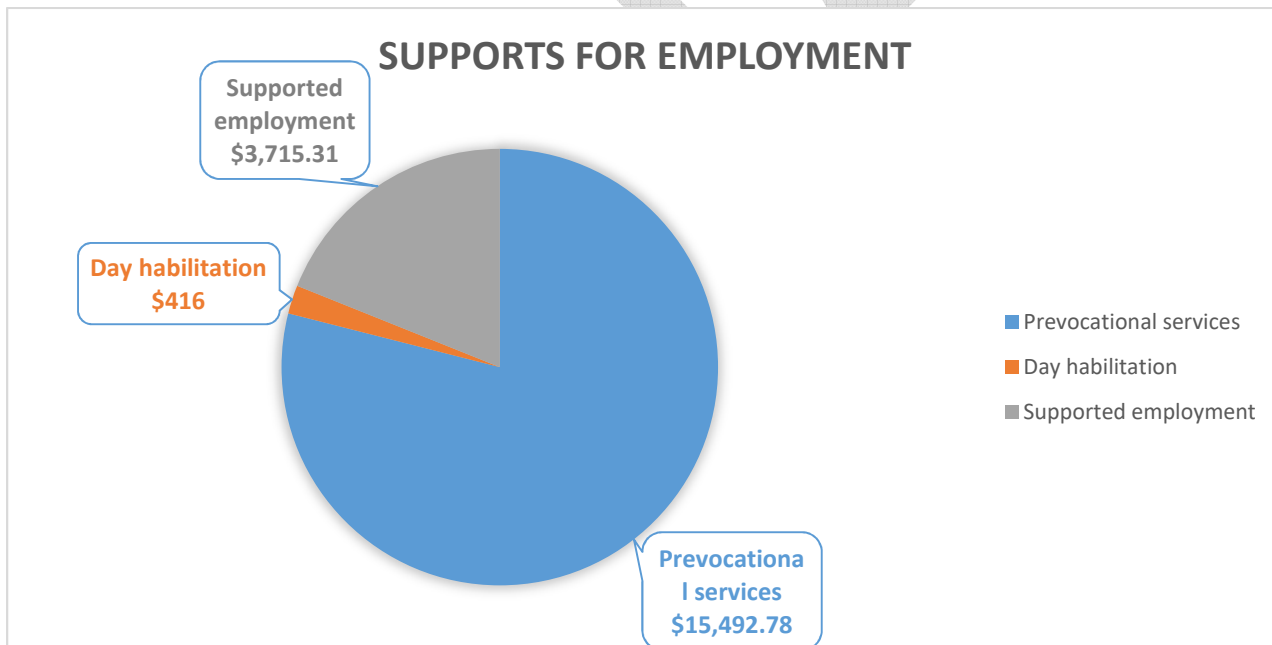
Respite: Service options are available in SCBHR.

Home and Vehicle Modifications: Service options are available in SCHBR.

Supported Community Living: Supported community living (SCL) services are available in each county in the SCBHR region.

Supports for Employment-

SCBHR continues to address EBP to include Supported Employment in FY 2018, SCBHR contracted with APSE to provide training to Vocational Providers within the SCBHR to align to the EBP of Supported Employment. SCBHR continues to attend Employment First meetings held by Iowa Workforce to address employment for persons with disabilities. SCBHR in the 3rd year of partnering with providers to increase job development.



Recovery Services –

SCBHR continues to support the Promise Center (a local peer ran recovery center) operated through Southern Iowa Mental Health Center. From July 2017 - June 2018 a total of 709 clients were served through the peer and family recovery services.



Service Coordination-

Case Management was available in FY18 provided by Southeast Iowa Case Management however due to Managed Care Organization changes, SICM closed at the end of January 2018. Case Management is available through DHS Case Management, MCO and Health Homes IHH.

Core Evidence Based Treatment-

Assertive Community Treatment (ACT): This service will be made available to Housing First clients in Appanoose County in July of 2018. The rest of the region will roll out ACT in the FY19.

Education and Training Services – provider competency:

Southern Iowa Mental Health Center and Community Health Centers of Southern Iowa both have a staff member available to provide Trauma Informed Care 101 & Recovery. Trainings have been provided to regional staff, MHDS providers, school systems, church members, and nursing students.

Family Psychoeducation: SCBHR continues to contract and collaborate with NAMI for outreach in the region for guidance in the development of support groups and educational opportunities. Southern Iowa Mental Health Center's IHH continues to offer Family Psychoeducation.

Supported Housing: SCBHR contracted with Resources for Human Development (RHD) for consultation and collaboration to develop a Housing First Program. RHD assisted regional staff with writing policies and procedures and implementation of the program in FY 18.

In FY18 SCBHR offered PSH/Housing First up to 56 clients within the region, care coordination was done by individual counties Coordinator of Services and social worker. The region spent a total of \$138,958.91 in rent and utilities in FY18. Please see chart below for expenditure detail.



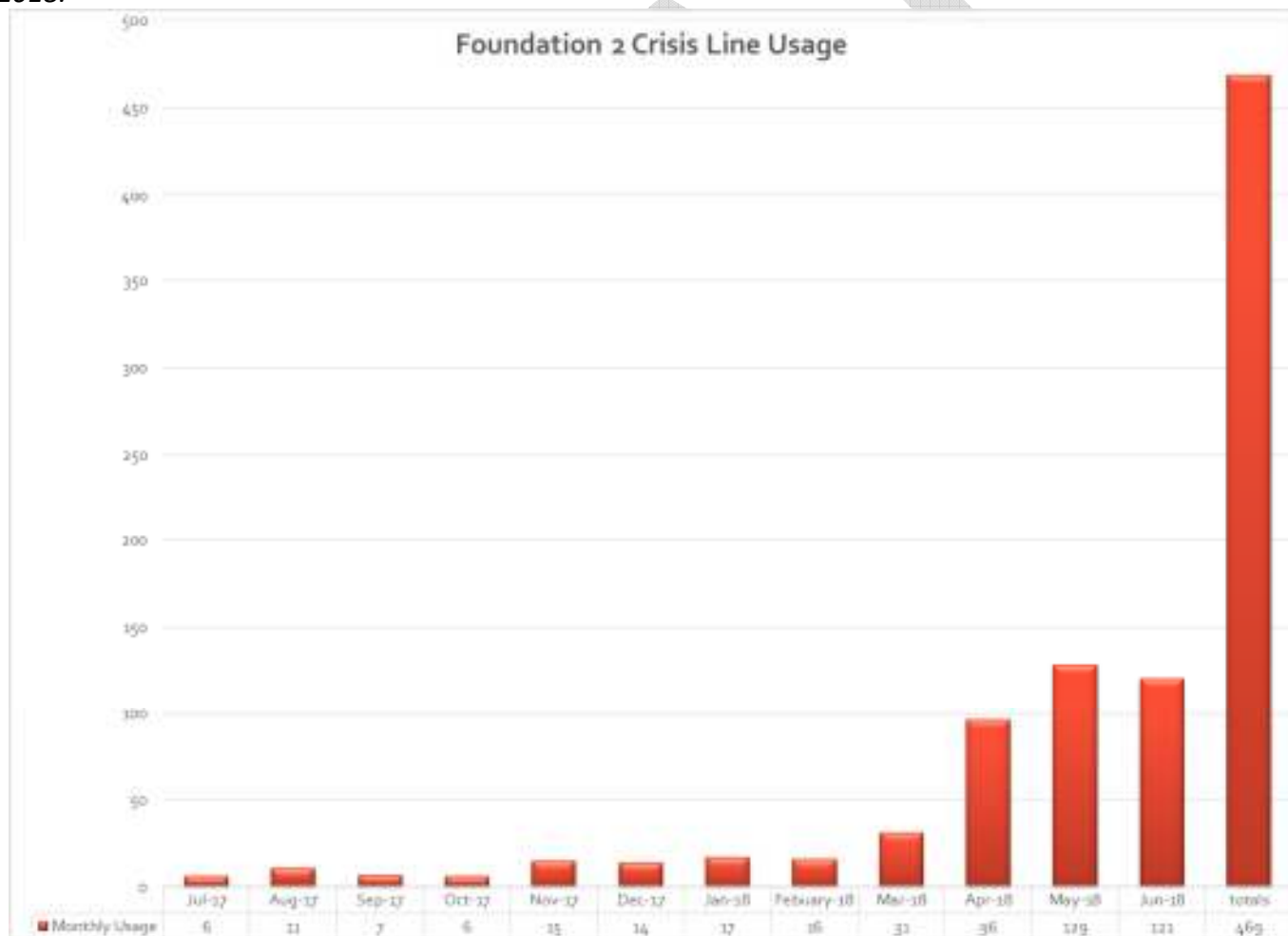
Integrated Treatment for Co-Occurring-SCBHR offers this evidenced based practice in all counties within the region through the Community Mental Health Center and the Federally Qualified Medical Center in Appanoose County.

Additional Core Services-

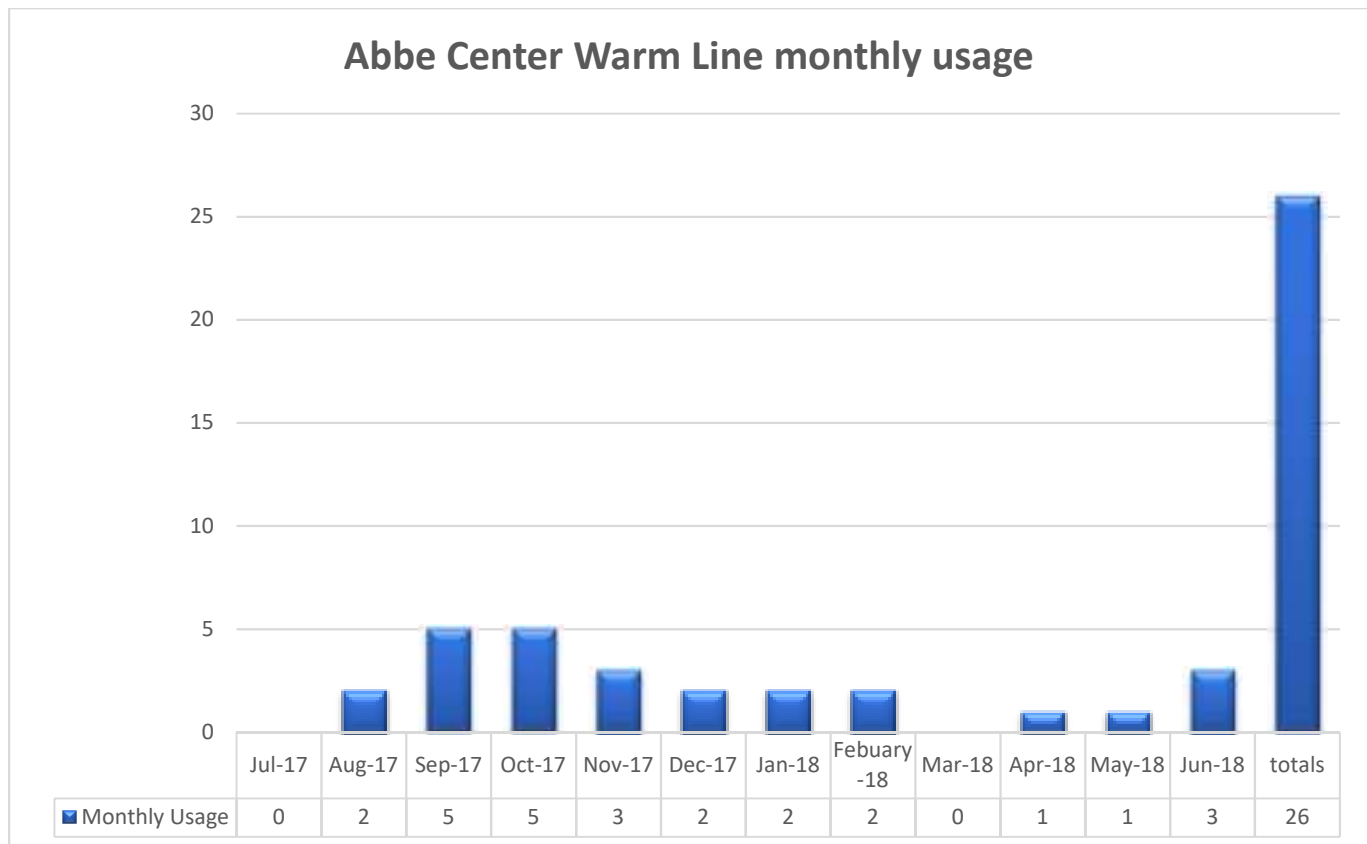
Comprehensive Facility & Community Based Crisis Services

23 CRISIS OBSERVATION & HOLDING BEDS-FY 2018 Southern Iowa Mental Health Center was awarded an RFP by SCBHR to open up 6- 23 Hour Crisis Observation Beds. Southern Iowa Mental Health Center has served 38 clients between May-June 30th, 2018.

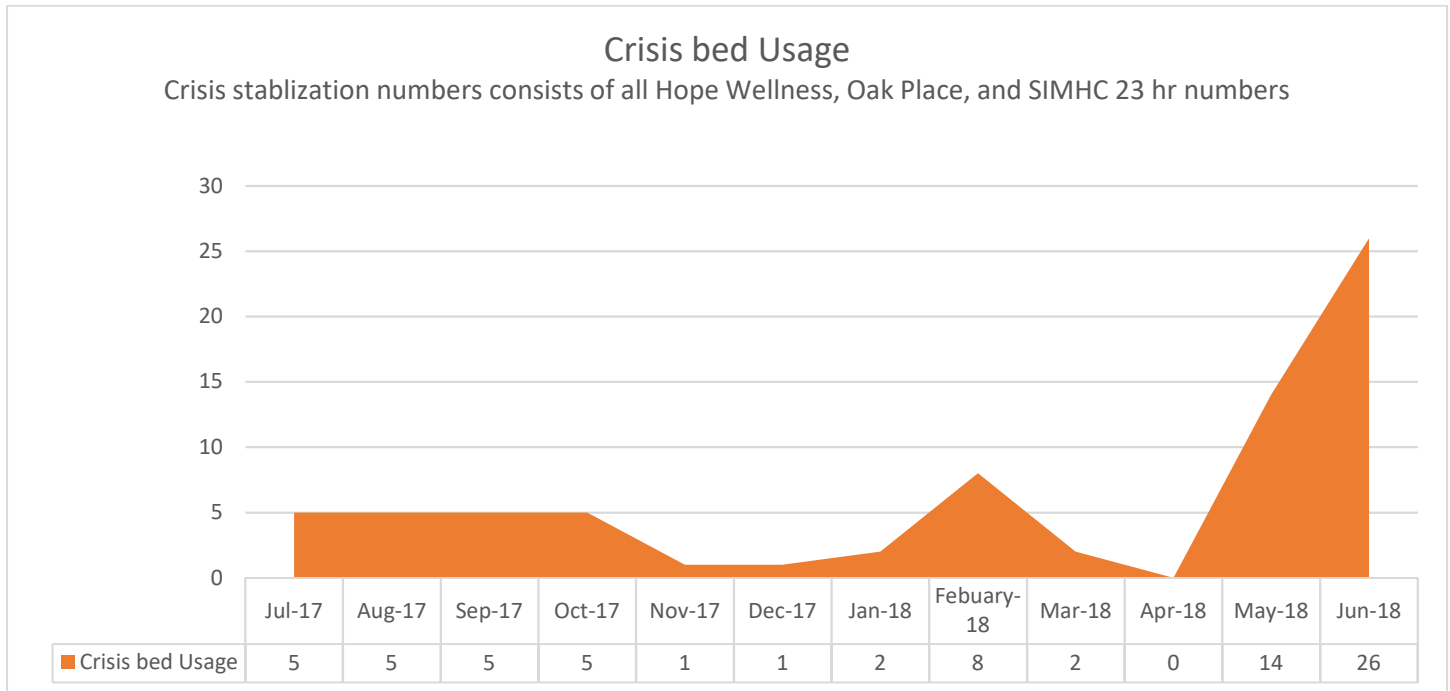
24- HOUR CRISIS HOTLINE-June of FY 2017, SCBHR began contracting with Foundation 2 to make a 24- Hour Crisis Hotline available to the region. CROSS and SCBHR Region partnered for the use of one hot line number to reduce CRISIS hot line numbers through the State of Iowa. 24- Hour Crisis Hotline had a total of 469 calls in FY 2018.



WARM LINE-SCBHR continues to contract with Abbey for a peer answered Warm Line. The Warm Line is operated from 5pm-10:30pm nightly. It is answered by Peer Specialist with lived experience. In FY 18 the Warm Line had phone calls totaling 26.



CRISIS STABILIZATION RESIDENTAL CRISIS BEDS-Oak Place Crisis Residential Stabilization House was opened in April of 2014 and closed in October of 2018 total of 20 clients were served. October 2018 SCBHR contracted with Hope Wellness serving a total of 16 clients and in May of 2018 Southern Iowa Mental Health Center opened a 4-bed facility serving a total of 38 clients. The facilities has served as a diversion service to mental health inpatient hospitalization. The level of service allows mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified. In FY 2018 a total of 74 clients were served in the SCBHR.



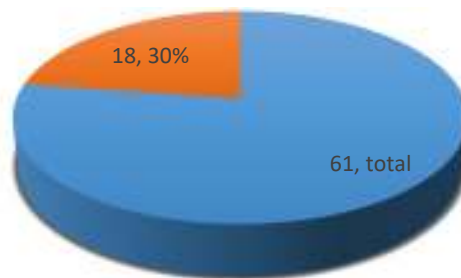
Justice System Involved Services

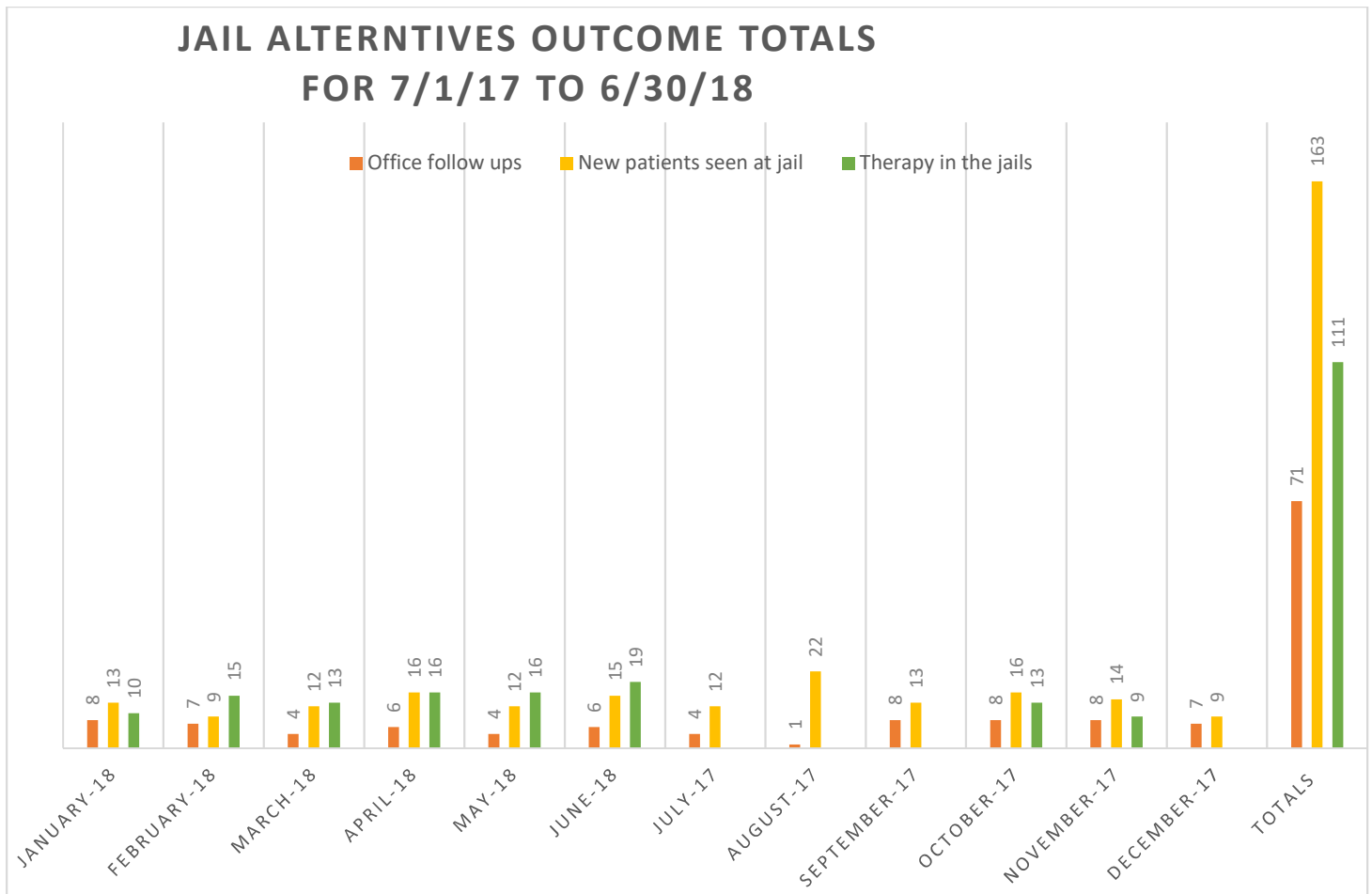
Jail Coordination and Mental Health Services - On July 1st, 2014 SCBHR Region launched the Jail Alternatives Program funded by the SCBHR. In Jan 2018 SCBHR began a contract with Southern Iowa Mental Health Center and Mahaska Health Partnership began contracting for an additional therapy sessions in the jails. The total number of clients presenting to the local office(s) after release between 7/1/2017-6/30/2018 is 17. Total therapy sessions done in SCBHR jail is 111 and total number of new patients seen in the jail is 163. Out of 61 of the new clients seen in the jail that were no longer incarcerated and able to follow up with one local provider 18 did so for a total of 30% follow up rate of inmates released.

	Office follow ups	New patients seen at jail	Therapy in the jails	Jail Client provider follow-up
January-18	8	13	10	
February-18	7	9	15	
March-18	4	12	13	
April-18	6	16	16	
May-18	4	12	16	
June-18	6	15	19	
July-17	4	12	0	
August-17	1	22	0	
September-17	8	13	0	
October-17	8	16	13	
November-17	8	14	9	
December-17	7	9	0	
totals	71	163	111	
Clients able to follow up/no longer incarcerated				61
Provider follow up total				18
total percent				29.51%

Jail client provider follow up

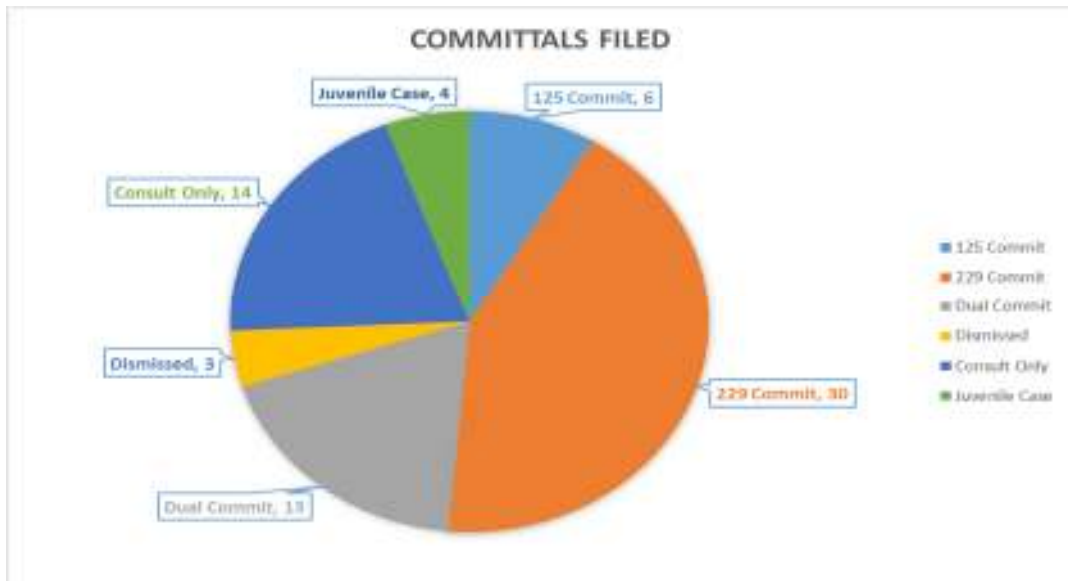
out of 61 of the new clients who were no longer incarcerated and would be able to follow up with the local provider 18 did so, for percent total of 30%





CRISIS PREVENTION TRAINING/CRISIS PREVENTION TRAINING-In FY 18, SCBHR offered one Crisis Intervention Trainings to Law Enforcement Officers in April of 2018 Mahaska County Sheriff's Dept hosted a C.I.T with a total of 25 participants. Training was provided by Solutions out of San Antonio. SCBHR contracts with Southern Iowa Mental Health and Mahaska Health Partnership to provide MH First Aid Training to providers within the region. The training is offered up to 3x a year for both adolescent and adult MH First Aid Trainings.

CIVIL COMMITMENT PRESCREENING EVALUATION-SCBHR offers through-out the local community services office civil commitment prescreening prior to applicants filing a MH or SA Court Committal. We work closely with the local Clerk of Courts to provide collaboration and communication to help assist in alternative resources to assist the applicant with prior to filing. In FY18 in Wapello County a total of 63MH/SA applicants met for consultation for prescreening prior to filing and total of 49 filed a MH/SA Court Committal.



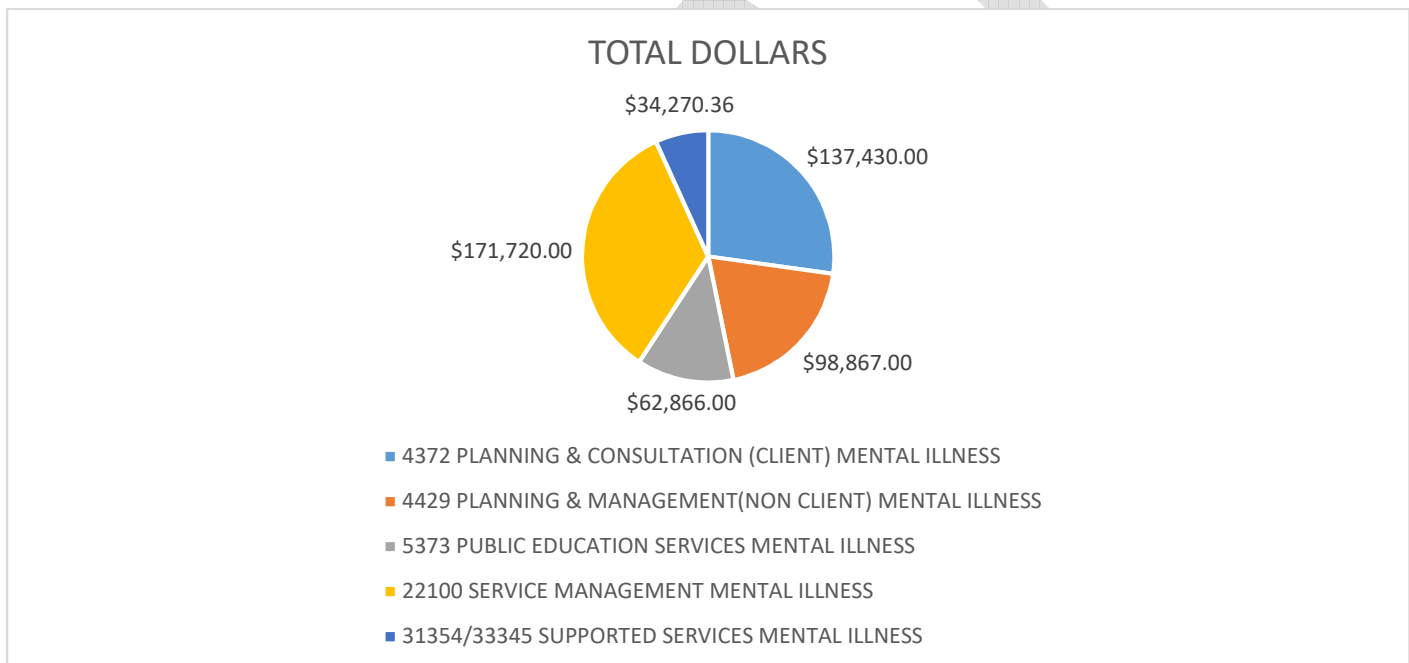
Additional Core Evidence Based Treatment

Intense Psychiatric Rehabilitation (IPR)- This service is available in each county in SCBHR. SCBHR contracts with Optima and First Resources for IPR services. SCBHR provides funding for a GAP period of time during the Medicaid authorization.

Peer self-drop-in centers: SCBHR continues to contract with SIMHC to fund the Promise Center.

Other Informational Services

COA	SERVICE	DISABILITY GROUP	TOTAL DOLLARS
04372	PLANNING & CONSULTATION (CLIENT)	MENTAL ILLNESS	\$ 137,430.00
04429	PLANNING & MANAGEMENT(NON CLIENT)	MENTAL ILLNESS	\$ 98,867.00
05373	PUBLIC EDUCATION SERVICES	MENTAL ILLNESS	\$ 62,866.00
22100	SERVICE MANAGEMENT	MENTAL ILLNESS	\$ 171,720.00
31354/33345	SUPPORTED SERVICES	MENTAL ILLNESS	\$ 34,270.36



Planning & Consultation (Client)/Planning & Management/Public Education Services

In FY 18 Southern Iowa Mental Health Center and Mahaska Health Partnership received block grant dollars to provide planning and/or consultation services to clients, planning & management (Non-client) and Public education services. Activities supported through the block grant dollars include clinical staffing meetings held once time weekly to staff clients with medication provider along with consulting with other team members (family, friends, IHH Care Coordinators, etc) to discuss significant concerns and brain storming treatment options. Clinical Director time allotted for projects within the organization to include accreditation visits; Managed Care meetings, attending stakeholder meeting/committee meeting, etc. Public education services in FY18 included community presentations, human resource meetings within the community, and meeting with community leaders to share service ideas and discuss needs of the community.

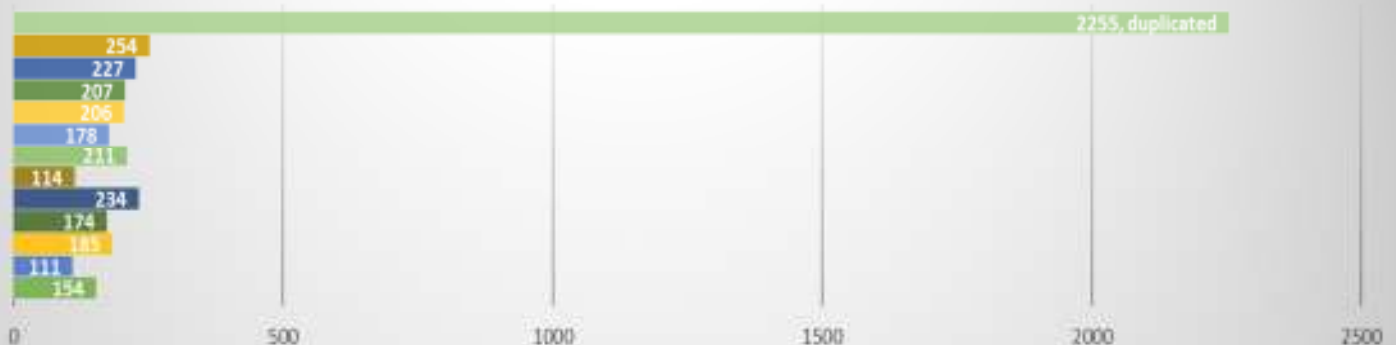
Region Program Outcomes-

The following section provides information and Service Coordination

Service Coordination

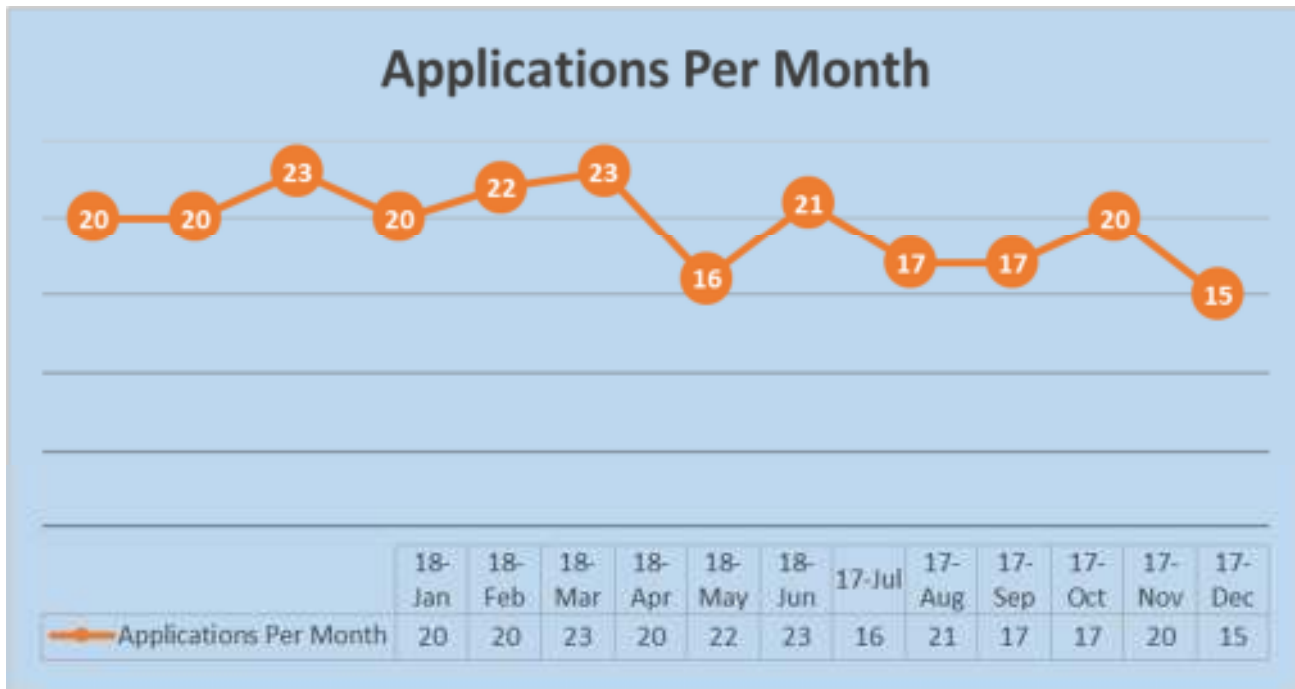
The following section provides information on Service Coordination. SCBHR is staffed with four local Coordinators of Disabilities Services (CDS) and one social worker housed in Wapello County. Service Coordination is essential in connecting individuals with Mental Health and Developmental disabilities and/or co-occurring diagnoses to resources, services, and supports. This chart represents the face to face contact that the CDS/Social Worker has monthly.

Service Coordination Contacts



Service Coordination Contacts

Total Use	2255
18-Jun	254
18-May	227
18-Apr	207
18-Mar	206
February-18	178
18-Jan	211
17-Dec	114
17-Nov	234
17-Oct	174
17-Sep	185
17-Aug	111
17-Jul	154



Wapello County Only

Other Community Living Supports (transportation, basic needs, rent subsidy, payee, guardianship and transitional living)-

Transportation: SCBHR contracts with Central Iowa Juvenile Detention Center (CIJDC) and the Iowa Crime Commission for transportation services. Both agencies assist with Civil Mental Health Commitment transports when requested by the Sheriff's Office. This offers the ability for law enforcement to be able to more expediently return to other duties. Both providers also assist with voluntary transports to and from Hope Wellness Center, Southern Iowa Mental Health Center voluntary hospitalization and discharge needs, as well as other transportation needs receiving prior funding authorization by SCBHR. SCBHR also contracts with public transit providers and other providers for transportation services.

Basic Needs: SCBHR contracts with providers for basic material needs assistance. This assistance allows a provider to receive reimbursement from SCBHR for the purchase of an item on behalf of a client that does not fall under the traditional array of service funding offered by SCBHR. Providers have been able to pay for items such as clothing and car repairs which assist the client in being able to address immediate needs.

Rent Subsidy: SCBHR offers time limited assistance with rent and utilities. This assistance can be helpful as individuals are going through the application process for SSI/SSDI benefits and/or seeking employment.

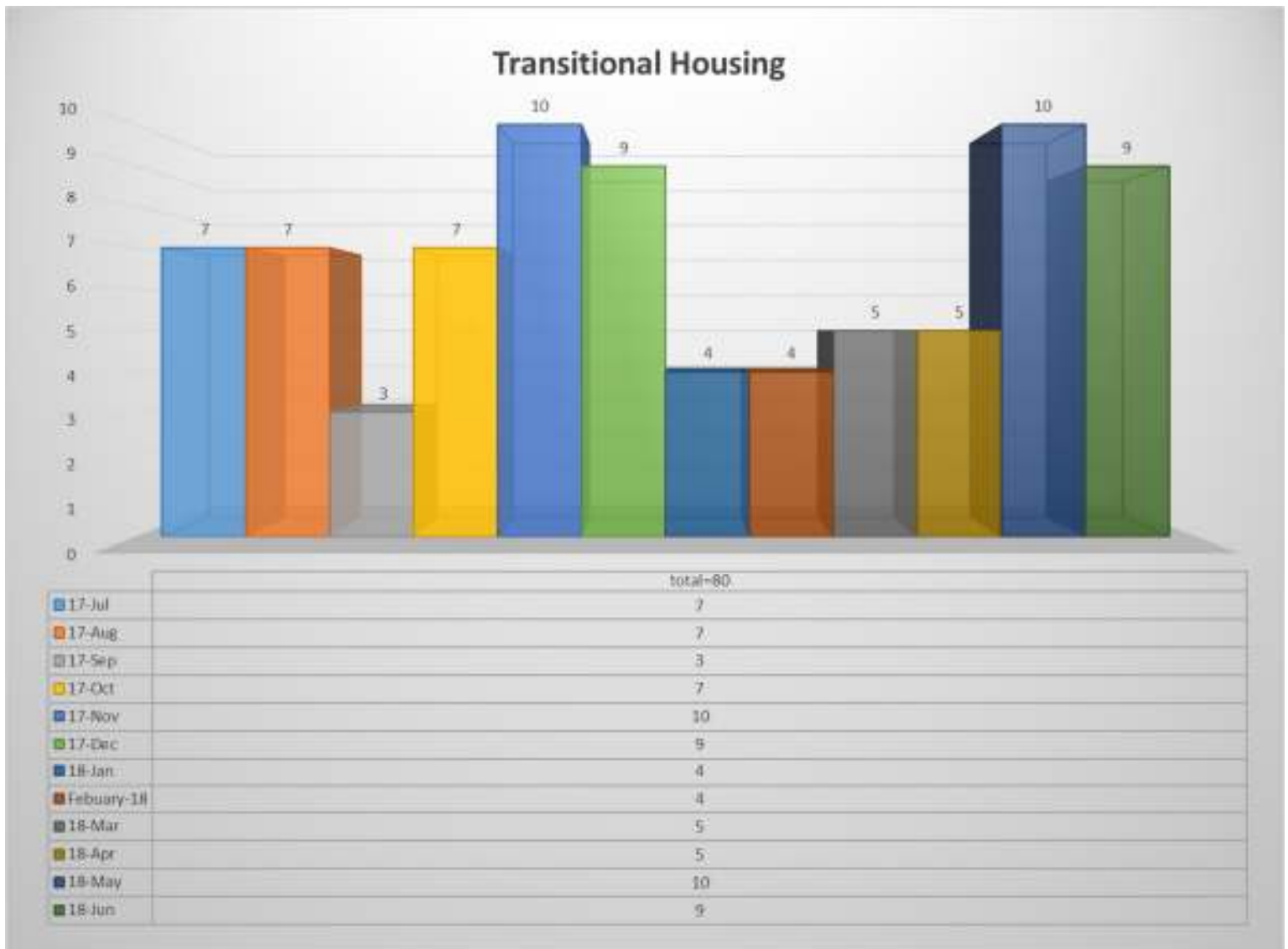
Representative Payee: SCBHR is a representative payee for up to 10 clients

Guardianship; SCBHR is a guardian for one client.

Physiological Treatment Outpatient- SCBHR does pay for person's need I.Q testing if the patient meets eligibility determination.

Physiological Treatment- Prescription Medications- SCBHR does pay for medications in the community and in the jails for person's meeting the SCBHR eligibility guidelines.

Transitional Living- SCBHR offered Transitional Living in FY 18 a total of 80 clients were served through First Resources for a transition up to 3 month period in an apartment or house with wrap around services. First Resources ended the contract on June 30, 2018 due to the service being too high needs for staff workforce and clients stealing, selling drugs and not participating in the programming



Statewide Outcomes



I. QSDA Scope

The Regions have charged QSDA with the following responsibilities:

- Facilitate the implementation of service delivery models- Learning Communities, multi-occurring, culturally capable, evidence based practices, research based practices and trauma informed care.
- Work to ensure that Providers are utilizing Evidence Based Practices, Research Based Practices and Promising Practices.
- Identify and collect Social Determinant Outcome data.
- Work to create a Value Based Service Delivery System utilizing performance/value based contracts.

II. QSDA Mission and Values/Guiding Principles

- **QSDA Mission Statement:** QSDA is a group of stakeholders facilitating a statewide standardized approach to the development and delivery of quality MH/DS services measured through the utilization of outcome standards.
- **QSDA Values/Guiding Principles:**
 - All services should be the best possible.
 - Service Philosophy is based on the 5 Star Quality Model- will always strive to achieve the highest degree of community integration as possible.
 - We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.
 - We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents. Where decisions are made through personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.
 - We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).
 - Through the use of Evidence Based Practices, (EBP) and Research Based Practices, (RBP), Regions will continually strive to improve service quality.

- Activities must be meaningful.
 - Any task or work completed must be meaningful which helps ensure Agency empowerment and the efficient use of staff time.
- Will ensure the use of standardized/efficient practices.
 - Work to establish a single data entry process.
 - Will work to ensure that outcome measures align.
 - Coordinated training process.
- QSDA structure, projects and processes shall be based on a philosophy of accommodation and flexibility.
- Utilize website to organize resource information, data, activities, training and process tracks.
- QSDA will actively work to collect social determinant data and utilize it to help transition the service delivery system to a value based model.

III. Strategic Action Plan

The following projects define the FY 18 Strategic Action Plan. The FY 18 Plan in addition to identifying new tasks is also a continuation and expansion of a number of FY 17 projects that will also then continue into FY 19. Projects are grouped within four Strategic Areas: Service Development, Service Delivery, Service Assessment/Outcomes and System Infrastructure.

• Service Development

- Urban Rural Learning Community Development
 - Facilitate development of Learning Communities for legislated EBPs, including TI/COD/CC with service delivery team.
 - Coordinate with ISCA Training Committee on state-wide trainings involving QSDA initiatives.
 - Support collaboration among CEOs and Regions to address mutual interests where possible.
 - Work on collaboration with the statewide QSDA Service Assessment team for mutually beneficial services.
- Develop a Statewide Trauma Informed Care trainer network.
 - Develop a TI Training Network with the Lincoln NE model to support a unified, consistent and sustainable TI training model statewide.
 - Identify costs and funders for this model.
 - Work collaboratively with CEOs and Providers to support this model in Regions.
- Develop an Integrated Co-Occurring Practice Model
 - Coordinate efforts with CEOs, ITAIC, DHS and IDPH.
 - Develop a state-wide training in cooperation with the Service Delivery Team
 - Populate the QSDA website with Integrated Co-Occurring Care resources.
- Work with seven Regions to pilot the C3, (De-escalation) process which includes training the trainers.
- Continue QSDA Website development of Service Environment information.
 - Continue to develop tool kit/resource directory for Trauma Informed Care.
 - Develop tool kit/resource directory for Integrated Co-Occurring Disorders.
 - Develop tool kit/resource directory for Cultural Competency.

• Service Delivery Work Group

- Support utilization of Evidence Based Practices, Research Based Practices, Best Practices and Promising Practices.
 - Support and participate in a multi-region Employment EBP.
 - Coordinate training and supports, including in house expertise for Supported Employment, Permanent Supportive Housing and Co-Occurring Disorders.
 - Provide C3 De-escalation training for direct support staff and Providers.

- Measure effectiveness of Evidence Based Practices, Research Based Practices, Best Practices and Promising Practices, including but not limited to: Supported Employment, Permanent Supportive Housing and Co-Occurring.
 - Emphasis through training and supports on Outcomes-positive results with individuals.
 - Assist Agencies in determination of fidelity.
- Develop a statewide EBP Provider list and populate QSDA website.
- **Service Assessment Work Group**
 - Provide Outcomes training.
 - Provide Outcome Project Overview training
 - Train Regional Staff to perform data reviews
 - Train Regional Staff and Providers to utilize data to set goals.
 - Generate Outcome reports from CSN and validate accuracy.
 - Survey Providers and CEOs to establish report content
 - Develop Provider report procedure manual
 - Generate Regional reports
 - Generate a statewide reports
 - Generate Provider reports
 - Implement Phase II, Data Review
 - Train Regional staff
 - Perform Provider data reviews
 - Implement Phase III, Setting Annual goals and Develop Incentives
 - Create Agency summary from 12 month data review.
 - Establish Outcome targets and goals for next 12 months.
 - Create Provider supports to maintain and improve performance.
 - Work with the CROSS region to develop Phase III.
- **System Infrastructure**
 - Website – Populate Work Group data and resource information
 - Transition to new software base.
 - Expand Functionality
 - Create training listing
 - Populate Work Group info.
 - Initiate and Coordinate training
 - Work with the Community Services Training Committee, IACP, MCOs, and DHS to develop training tracks.
 - Coordinate train the trainer functions.
 - Participate in planning and developing Value Based Service Delivery system.

IV. FY 18 Achievements

- Maintained member participation.
 - QSDA has membership participation from the Regions, Providers, MCOs and DHS.
 - Expanded membership for the Service Assessment/Outcomes work group to include those Regional individuals that are doing reviews and those Providers who have participated in a review.
- Increased participation in the Outcomes Project
 - Currently outcomes are being entered by 80 Providers.
 - Completed 15 Agency reviews.
 - Began working on a draft of Phase III, Goals, Targets and Supports.
 - Provided training on the Outcomes Project

- The CROSS region working with the Polk County Region, added 5 additional measures, and moved into Phase III. Additionally they created an incentive fund and contracted with the Univ. of Ia. to develop an independent evaluation which provided the foundation for incentive distribution.
- Maintained and enhanced the CSN Provider Portal.
 - CSN created a Provider Committee. This Committee scoped the CSN Provider/Outcome enhancements. CSN staff finished coding, testing and implemented by July 1, 2018.
- Training Process – Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to coordinate and fund training within the QSDA scope.
- Continued working with a multi-regional consortium looking at EBPs for supported housing and employment.
- Training
 - Trainings were conducted on Evidence Based Practices, 5 star quality, value based contracting and Trauma Informed Care.
- Met regularly with Regional CEOs providing updates and recommendations.
- Worked with Regional CEOs, Providers and MCO representatives in the formation of an Outcomes and Training Committee. This Committee is responsible for coordinating outcome creation, outcome data collection, identifying training needs and facilitating training opportunities.
- The Service Development & Delivery workgroups, worked with the following Regions: Polk, CICS, NW Iowa Care Connection, CROSS, South East Iowa Link, South Central Behavioral Health and Southwest Iowa MHDS to establish a C3, (Calm-Circuit-Connection) De-escalation pilot project.
- Worked with IACP, MCOs and IME to establish a standardized Employment outcome reporting period.
- A Consultant, hired by the CICS and South Central Behavioral Health regions, has looked at national research and presented an overview of value based purchasing.
- Five QSDA Executive Committee members attended the Open Minds Conference on Value Based Service Delivery.
- Have been working with CSN staff to begin identifying ways to share information, collect and manage data.
- QSDA facilitated a meeting with Simply Connect, a company that offers a way to access and manage health information. One of their projects is in Minnesota, where all 87 counties/Providers are connected so that Care Teams can share information and generate alerts.
- Reprogrammed the QSDA website so that it can now be populated with project and program information.

Collaboration

SCBHR continues to build collaboration by participating in:

- **Resource Collaborations – Training** (develop common language across stakeholder groups)
 - Mental Health First Aid (Family, Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Crisis Intervention Training (Community Providers – information/support, Regions, MCOs, Law Enforcement)
 - C3 De-Escalation (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Trauma Informed Care (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Co-Occurring (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - SAMHSA Emails (Community Providers, Regions, MCOs, Law Enforcement, Hospitals)
 - Police & MH Toolkit (Community Providers, Regions, MCOs, Law Enforcement)
- **Resource Collaborations – Community Supports** (continuing to build community capacity)
 - Tele Psychiatry
 - Mobile Crisis Response Teams/MH Assessment
 - Jail Diversion/Re-Entry
 - Open Bed Tracking System
 - Crisis Stabilization

- Crisis Observation
- Transition Homes
- Sub-Acute Supports
- Substance Abuse Services

The following information describes regional efforts to collaborate with other funders, service providers, individuals and families, advocates, and the courts in the interest of better serving individuals with mental illness and disabilities:

Advisory Board Meetings: The SCBHR Regional Advisory Board is an advisory stakeholders group that provides for broad representation. The Board consists of members from each county and two Governing Board Directors. One member is a provider and one member is an individual who utilizes mental health and disability services or is an actively involved relative of such an individual. Two Directors from the Governing Board serve as ex-officio non-voting members. From the Regional Advisory Board, one provider and one individual with mental health and disability services, or actively involved relative of such an individual, serve on the Governing Board as ex-officio non-voting Directors. The Regional Advisory Board met the first Thursday of each month.